10/04/2019 09:55	STAPLES 1746 PAGE 02
	287812
STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: NUMBER: The Commission with the PSC, you will now have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: D + T Transportion	Telephone: 202-607-0397
Address: 304 FOXFive DR	Fax:
Columbia SC 29212	Other:
	Email: Genemuriay376 yaha
as required by law. This form is required for use by the Public Service	aces nor supplements the filing and service of pleadings or other papers c Commission of South Carolina for the purpose of docketing and must
be filled out completely. NATURE OF ACTIO	ON (Check all that apply)
NATURE OF ACTIO	
NATURE OF ACTIO	
NATURE OF ACTIO	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit
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Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit
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Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificat	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Proposed Order
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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 Phone: (803) 896-5100 Fax: (803) 896-5199 APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER CLASS C - NON-EMERGENCY Date: 7-29-19 Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. Dot Transportation 1. Delores Mariay & Terrence Anderson Loan Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name 304 Fox Fire Do Columbia, S.C. 29212 1029 48 Street Address of Applicant (Publicate Iform street address) 202-607-0397 Phone Cene, Muriay 37@ Yahan, composition for the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation in the Certificate.) 3. Scleet Entity Type: (Check one) Individual Owner/Sole Proprietorship Partnership: List names and address of all person having an interest in the business. Delores Muriay Terrance Anderson	09:25:21 a.m. 10-04-2019 1					
There is not considered to the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. Delores Auriay Terical Anderson Hoad Street Address of Applicant Delores Auriay Terical Andress of Applicant (if different from street address) Delores Muriay Terical Andress of Applicant (if different from street address) 202 - 607-0397 Phone Gene, Muriay Terical Andress of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State and the Articles of Incorporation of State in the business. Corporation - List names and addresses of all person having an interest in the business.	10/04/2019 09:55	S	STAPLES	1746	PAGE	01
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☐ Individual Owner/Sole Proprietorship ☐ Partnership - List names and address of all person having an interest in the business. ☐ Corporation - List names and addresses of two principal officers.	Secretary of State and the Articles	of Incorporation must be a	ttached. (If inco			South
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Financial Statement

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Applicant is financially able t statement of assets and liabili		pecified in this app	olication and submit	s the following	ACCET ED FOR PROCESSING
	Financial St	atement		1	7.7
Applicant's assets and liabilit	ies are as follows:				L L
Assets:			<u>Liabilities</u>	<u>.</u>	<u> </u>
Value of Real Estate	0	Mortgage/Lo	an on Real Estate	0	G
Value of Motor Vehicles	35 000	Loans Owed	on Motor Vehicles	30,000	
Cash on Hand		Business/Oth	er Loans Owed	0	
Cash in Bank		Other Liabili	ties or Debts	0	Cclober
Value of Other Assets and Equipment	0	Total Liabil	ities	30,000	4 10:31 AM -
Total Assets	35,0000				AM -
INSTRUCTIONS:					
 "Value of Real Estate" r Company/Business Ap 	neans the actual or estimated plying for a Certificate.	market value of an	y real property/buildir	gs owned by the	
"Mortgage/Loan on Rea by the Real Estate liste	plying for a Certificate. I Estate" means the outstandid in Item 1.	ing balance on any l	Mortgage, Equity Line	e or other Loan sec	ured 5
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles					
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 39					უ გე tem 3.P ა
 "Cash on Hand" is the to form is filled out. 	otal of actual cash held by the	e Company/Busines	s applying for a Certii	ficate on the day th	_

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

Abbeville

Berkeley

Calhoun

Charleston

STAPLES

1746

PAGE 04

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

09:55

\$300 Par Person

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Florence

Cherokee

Dorchester

Edgefield

| Fairfield

Lee

Orangeburg

Pickens

Richland

Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Но пу	Newberry	York
Beaufort	Dillon	Jasper	Oconee	

Kershaw

Lancaster

Laurens

Saluda

09:55

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

<u>Maximum Number of Passengers Vehicle is Equipped to Carry:</u> (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

1-7 Passengers,	including driver
-----------------	------------------

8-15 Passengers, including driver

WHEEL-CHAIR

			4	CHAIR
MAKE	YEAR & MODEL		EMPTY WEIGHT	LIFT_
Dodge	2016 Carran	2C4RDCx6R262722		yes
Honda	2016 Carron 2013 Odyssey	5FNRL5H690B655687		yes
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	This form	MUST B	E COMPI	ETED.
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INSURANCE QUOTE

This form MUST RE COMPLETED.
The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE The following insurance quote is for:

D+T Transportation
Name of Applicant

304FoxFire Dr Columbia 5C 27212

Address of Applicant

Amount of Premium:

Liability Insurance \$ 10,000

The above quoted premium is for a term of _____ months.
Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Liability Combined Each Occurance \$1,000,000

Medical Payments per Person \$1,000

Hospitcity Transport Aments of Insurance company

2843 A West Palmetto 5t Florence 3C 29501

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance to do business in South Carolina Department of Insurance company

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Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-ofcredit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

INSURANCE QUOTE

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10/04/2019 09:55	STAPLES	1746	PAGE	07	8
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IN	NSURANCE QUOTE				Ü
This form MUST BE COMPLETED. The insurance quote must be complete, listing current insurance policies may be required. Do not provide a purchase insurance until your application has been a					F
This form MUST BE COMPLETED.	At the diam	ntian af tha Comm	iceian acony (of correc	,∺
The insurance quote must be complete, listing currently	nt insurance premiums. At the disci	regon of the Contra reguested. You wi	ll not be require	ed to	Ψ,
misurance ponetes may be required. Do not provide a	annoved and an order has been issue	ed by the PSC. Th	US IS ONLY A	QUOT	ΕÕ
insurance policies may be required. Do not provide purchase insurance until your application has been a. The following insurance quote is for:	**	•			R
The following insurance quote is for:					SS
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	Address of Applicant				Ç
Amount of Premium:					be
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Liability Insurance & ((),() 1)	•				$\stackrel{\rightarrow}{\sim}$
Liability Insurance \$ _!O,OO+	1				10:3
- · · · · · · · · · · · · · · · · · · ·	12 months.				10:31 A
The above quoted premium is for a term of - Minimum Limits - Bodily injury and proper		ess			10:31 AM
The above quoted premium is for a term of			ts Ouated		10:31 AM - S
The above quoted premium is for a term of Minimum Limits - Bodily injury and properthan the following:	erty damage limits will not be le		ts Quated	····	10:31 AM - SCF
The above quoted premium is for a term of - Minimum Limits - Bodily injury and proper			ts Quated	·	10:31 AM - SCPS
The above quoted premium is for a term of Minimum Limits - Bodily injury and properthan the following:	erty damage limits will not be le		ts Quated		2019 October 4 10:31 AM - SCPSC -
The above quoted premium is for a term of Minimum Limits - Bodily injury and properties than the following: Liability Combined Each Occurance	erty damage limits will not be le		ts Quated		- 1
The above quoted premium is for a term of Minimum Limits - Bodily injury and properties than the following: Liability Combined Each Occurance	erty damage limits will not be le		ts Quated	·	- 1
The above quoted premium is for a term of Minimum Limits - Bodily injury and properties than the following: Liability Combined Each Occurance Medical Payments per Person	\$ 1,000,000 \$ 1,000		ts Quated		- 1
The above quoted premium is for a term of Minimum Limits - Bodily injury and properties than the following: Liability Combined Each Occurance Medical Payments per Person	\$ 1,000,000 \$ 1,000	Limi 1000 1,000	ts Quated		
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The above quoted premium is for a term of Minimum Limits - Bodily injury and properties than the following: Liability Combined Each Occurance Medical Payments per Person Homeone H	\$ 1,000,000 \$ 1,000 \$ 1,000	Limi 17,00	5201 2000		- 2019-322-T -
The above quoted premium is for a term of Minimum Limits - Bodily injury and proper than the following: Liability Combined Each Occurance Medical Payments per Person Hom I, the Applicant, am familiar with the Commis	\$ 1,000,000 \$ 1,000 \$ 1,000 S 1,000 S 1,000 S 1,000 COLUMN Same of Insurance Company The Office Address of Company ssion's Rules and Regulations re	Limi	ce requirements		- 1
The above quoted premium is for a term of Minimum Limits - Bodily injury and proper than the following: Liability Combined Each Occurance Medical Payments per Person Horr I, the Applicant, am familiar with the Commisting above quote meets the minimum insurance.	\$ 1,000,000 \$ 1,000 \$ 1,000 S	Limi	ce requirements		- 2019-322-T -
The above quoted premium is for a term of Minimum Limits - Bodily injury and proper than the following: Liability Combined Each Occurance Medical Payments per Person Hom I, the Applicant, am familiar with the Commis	\$ 1,000,000 \$ 1,000 \$ 1,000 S	Limi	ce requirements		- 2019-322-T -

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-ofcredit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund, For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

	Name outstanding judgments against the Applicant? PNo s here: with all statutes and regulations, including safety regulations and governing for-hire mouth South Carolina, and does Applicant agree to operate in compliance with these is?	C
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1 In these assessments, and	outstanding judgments against the Applicant?	Z
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If Yes, list judgement	s here:	2
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2 le Applicant familiar	with all statutes and regulations, including safety regulations and governing for-hire m	otorci
carrier operations in 5	outh South Carolina, and does Applicant agree to operate in compliance with these	01010X
statutes and regulation	is?	<u>- 1</u>
Yes	○ No	· '
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		e
	the Commission's insurance requirements and the insurance premium costs associated	- Page 8 of 10
therewith?		<u></u> →
Yes Yes	O No	C

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

①~Yes

O No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

⊕Ýes

O No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

O No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

Yes

O No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

Yes

ON C

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

Yes

O No

10/04/2019

09:55

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina Afrough the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.

The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

ODIGME A

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Richland

SWORN TO BEFORE ME

Commission Expires 8/26/2029

Spencer W. Fellows Notary Public of South Carolina Commission Expires:05/26/2029

Print Application